

NOTICE OF FEE DUE

DATE: 05-17-02

TO: DAC

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: _____

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

☒ Insufficient fee by check

☒ Insufficient funds in deposit account

☐ Declined credit card

☐ Non authorization for charge to deposit account

☐ No fee submitted per requirement

The correct fee code: 241 amount \$ 640

The suspended fee code: 197 amount - \$ 620

Fee Due amount =\$ 20

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator Alpha

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/585788

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	5	7 minus 20= *
INDEPENDENT CLAIMS	2	4 minus 3= *
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT A			
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT B			
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT C			
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE 2

OR OTHER THAN
SMALL ENTITY

RATE	FEE
	345.00
X\$ 9=	
X39=	39
+130=	
TOTAL	384

RATE	FEE
	690.00
X\$18=	
X78=	
+260=	
TOTAL	

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	